

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION
 A PUBLIC DOCUMENT

 RECEIVED
 STATEMENT OF ECONOMIC INTERESTS
 PRACTICES COMMISSION
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 TULARE COUNTY
 REGISTRAR OF VOTERS

Please type or print in ink.



| NAME OF FILER | (LAST) | (FIRST) | (MIDDLE) |
|---------------|--------|---------|----------|
| | Cox | Phillip | A. |

1. Office, Agency, or Court

Agency Name

Tulare County Board of Supervisors

Division, Board, Department, District, if applicable

District Three

Your Position

Supervisor

► If filing for multiple positions, list below or on an attachment.

Agency: See Attached

Position: See Attached

2. Jurisdiction of Office (Check at least one box)☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County _____☒ County of Tulare☐ City of _____☐ Other _____**3. Type of Statement (Check at least one box)**☒ Annual: The period covered is January 1, 2011, through December 31, 2011.☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.☐ Assuming Office: Date assumed ____/____/____☐ The period covered is ____/____/____, through the date of leaving office.☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 5☐ Schedule A-1 - Investments - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☒ Schedule A-2 - Investments - schedule attached☐ Schedule D - Income - Gifts - schedule attached☒ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is

I certify under penalty of perjury under the laws of the State of California that

Date Signed

2/13/12
(month, day, year)

Signature

Phillip A. Cox

Additional agencies and positions:

Name: Tulare County Association of Governments

Position: Board Member

Jurisdiction of Office: County of Tulare

Name: Tulare County Redevelopment Agency

Position: Governing Board Member

Jurisdiction of Office: County of Tulare

Name: In-Home Supportive Services Public Authority

Position: Governing Board Member

Jurisdiction of Office: County of Tulare

Name: Tulare County Public Finance Authority

Position: Governing Board Member

Jurisdiction of Office: County of Tulare

Name: Terra Bella Sewer Maintenance District

Position: Governing Board Member

Jurisdiction of Office: County of Tulare

Name: Tulare County Flood Control District

Position: Governing Board Member

Jurisdiction of Office: County of Tulare

Name: Consolidated Waste Management Authority

Position: Board Member

Jurisdiction of Office: County of Tulare

Name: First 5 Commission (Prop. 10)

Position: Board Member

Jurisdiction of Office: County of Tulare

Name: Tulare County Employees Retirement Association

Position: Board Member

Jurisdiction of Office: County of Tulare

Name: Tulare County Transportation Authority (Measure R)

Position: Board Member

Jurisdiction of Office: County of Tulare

Name: Downtown Visalia PBID

Position: Board Member

Jurisdiction of Office: County of Tulare

Name: San Joaquin Valley Insurance Authority

Position: Board Member

Jurisdiction of Office: County of Tulare

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

| |
|-------------------------------------|
| CALIFORNIA FORM 700 |
| FAIR POLITICAL PRACTICES COMMISSION |
| Name |
| Phillip A. Cox |

1. BUSINESS ENTITY OR TRUST

Phillip A. Cox
Name
713 S. Jacob, Visalia, CA 93277
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☒ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

Consultant

| | |
|--|------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$0 - \$1,999 | |
| <input checked="" type="checkbox"/> \$2,000 - \$10,000 | ____/____/11 ____/____/11 |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INVESTMENT
☒ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION Owner

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

| | |
|--|---|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input checked="" type="checkbox"/> \$1,001 - \$10,000 | |

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

| | |
|--|------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$2,000 - \$10,000 | |
| <input type="checkbox"/> \$10,001 - \$100,000 | ____/____/11 ____/____/11 |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name
Address (Business Address Acceptable)
Check one
☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

| | |
|--|------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$0 - \$1,999 | |
| <input type="checkbox"/> \$2,000 - \$10,000 | ____/____/11 ____/____/11 |
| <input type="checkbox"/> \$10,001 - \$100,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INVESTMENT
☐ Sole Proprietorship ☐ Partnership ☐ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

| | |
|---|---|
| <input type="checkbox"/> \$0 - \$499 | <input type="checkbox"/> \$10,001 - \$100,000 |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> OVER \$100,000 |
| <input type="checkbox"/> \$1,001 - \$10,000 | |

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary)

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:

☐ INVESTMENT ☐ REAL PROPERTY

Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or
City or Other Precise Location of Real Property

| | |
|--|------------------------------|
| FAIR MARKET VALUE | IF APPLICABLE, LIST DATE: |
| <input type="checkbox"/> \$2,000 - \$10,000 | |
| <input type="checkbox"/> \$10,001 - \$100,000 | ____/____/11 ____/____/11 |
| <input type="checkbox"/> \$100,001 - \$1,000,000 | ACQUIRED DISPOSED |
| <input type="checkbox"/> Over \$1,000,000 | |

NATURE OF INTEREST
☐ Property Ownership/Deed of Trust ☐ Stock ☐ Partnership

☐ Leasehold _____ ☐ Other _____
Yrs. remaining

☐ Check box if additional schedules reporting investments or real property are attached

Comments: _____

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Phillip A. Cox

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

718 & 720 S. Jacob

CITY

Visalia, CA 93277

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☒ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☒ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

CITY

FAIR MARKET VALUE

☐ \$2,000 - \$10,000

☐ \$10,001 - \$100,000

☐ \$100,001 - \$1,000,000

☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

____/____/11 ____/____/11
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust

☐ Easement

☐ Leasehold

Yrs. remaining

☐

Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

Green Tree Servicing LLC

ADDRESS (Business Address Acceptable)

P.O. Box 6176, Rapid City, SD 57709-6176

BUSINESS ACTIVITY, IF ANY, OF LENDER

Mortgage Lender

INTEREST RATE

7

% ☐ None

TERM (Months/Years)

30 Years

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☒ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000

☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000

☐ OVER \$100,000

☐ Guarantor, if applicable

Comments:

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name Phillip A. Cox

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

FPPC Form 700 (2011/2012) Sch. C
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov